



**Department of Health Care Services**

**CA-MMIS**

**California Medi-Cal State Level Registry (SLR) for the**

**CMS Provider Incentive Program**

**State Level Registry (SLR) User Manual**

**Groups/Clinics**

**V 2.20**

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## 1. Introduction

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### 1.1 Overview

The overall goal of the User Manual is to help guide group representatives through the process of completing California's application process for provider incentive monies.

### 1.2 User Manual Goals

The **California Medi-Cal State Level Registry (SLR) User Manual** will help walk you through the following steps:

- How to create a SLR account.
- How to access the SLR application.
- How to register for the provider incentive program.
- How to enter the group eligibility information for the provider incentive program.
- How to add eligible providers to the group/clinic.
- How to enter back up documents for the group/clinic certified Electronic Health Record (EHR) technology.
- How to submit the Group Statement.
- How to make changes to the account.
- Who to call for technical assistance.

### 1.3 Problem Reporting

For general help, all SLR web pages have a Help Link that opens up a copy of this User Manual. For SLR Web application assistance, contact the Help Desk designated to support the SLR.

**Phone: (866) 879-0109**  
**Email: [CASLRHelpDesk@conduent.com](mailto:CASLRHelpDesk@conduent.com)**

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## 2. Medi-Cal Incentive Overview

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As the healthcare landscape continues to modernize, legislation was passed to encourage the adoption of Electronic Health Record (EHR) technology in documenting patient care. Due to the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medi-Cal providers are being offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations.

The California State Level Registry (SLR) application gives eligible group representatives access to a streamlined application for federally funded HIT incentives through an easy to use website. With self-service flexibility, the provider can move through registration, eligibility, and attestation at their own pace while the SLR application stores the information in an organized manner, resulting in the most direct path for the provider to receive their incentive payment.

### 2.1 Application Features

The SLR application features the following functions that are explained further in this User Manual:

- Create your SLR user account
- Login – Accessing the SLR
  - Retrieve Your User ID
  - Retrieve Your Password
  - Reset Your Password
- Establish a Group of Eligible Professionals for applying to the EHR Incentive Program:
  - Step 1: About Your Group/Clinic
  - Step 2: Group/Clinic Information
  - Step 3: Manage Providers in Your Group/Clinic
  - Step 4: EHR Technology and Group/Clinic Statement
  - Step 5: Submit Group/Clinic Statement
- View Provider Status
- View Reports
- View System Messages

### 2.2 Application Architecture

The SLR Web application features the following:

- Compliance with Section 508 accessibility guidelines.
- Accessibility from the internet.
- Secure protected page access.

### 2.3 Materials and Preparations

Materials the user will need to use the software:

- Computers with access to the web browser.  
Note: This application is compatible with Microsoft Internet Explorer v9.0, v10.0, and v11.0, Microsoft Edge, Firefox, Chrome, and Safari.
- Software – Adobe Acrobat Reader – installed on the computer to view PDF files.
- Pop-up Blocker browser feature should be set to "Off" to receive the Pop-up window features.
- Manuals and/or FAQs that are available for distribution.

### 3. Provider Outreach Web Portal

The Provider Outreach Web Portal provides the user with a central location to access information and resources regarding the Provider Incentive Program established through the American Recovery and Reinvestment Act, in addition to the portal to the California Medi-Cal EHR State Level Registry site at [www.medi-cal.ehr.ca.gov](http://www.medi-cal.ehr.ca.gov).

**The Provider Outreach page displays the following:**

1. **Provider Outreach Page Header.** The header displays the following items that are visible on every page of the SLR application:
  - a. **Logo of California Department of Health Care Services (DHCS).** Link to state department website.
  - b. **Contact Us.** Pop-up page displaying contact information including the Help Desk phone number and email as well as the DHCS email address for the incentive program.
2. **Left side panel content.**
  - a. **Step 1: Register with CMS!** The “[registering with CMS](#)” link directs you to the designated website for registering as a health provider with the Centers for Medicare & Medicaid Services.



- b. **Step 2: Create an SLR Account.** The “[Create a Medi-Cal EHR Incentive Portal account](#)” link directs you to the “Create Account” page.



- c. **Already have an SLR account?** The “[go directly to the Medi-Cal EHR Incentive Portal](#)” link directs you to the “Login” page.



3. **Right side panel content.**

- a. **Follow us on Twitter.** Link to the **twitter** website to receive the latest updates on the EHR Incentive program.



- b. **Recorded Webinars:** Links to SLR webinars for Eligible Professionals, Groups, and Eligible Hospitals to learn how to apply in the State Level Registry (SLR).
- c. **Downloadable Resources.** Links in this section open the file in the appropriate application to assist with determining Eligibility and Attestation for EHR Incentive Payments for Groups/Clinic, Hospitals, and Providers.



4. **Primary Body Content section.** The primary page content includes the following sections:

- a. **Welcome text.** An overview of the Provider Outreach Web portal.
- b. **California Technical Assistance Program (CTAP).** Links in this section open a new window and displays the CTAP website.
- i. **California Health Information Partnership & Services Organization (CalHIPSO).** Opens a new window and displays the site for the statewide service coverage except in areas covered by other CTAP organizations.
  - ii. **CalOptima.** Opens a new window and displays the site for the CTAP resource site for Orange County.
  - iii. **HITEC-LA.** Opens a new window and displays the site for the CTAP resource site for Los Angeles County.

- iv. **Object Health.** Opens a new window and displays the site for the CTAP resource site for Riverside and San Bernardino counties.
- c. **Important Web Resources.** Links in this section open up a new window and display the appropriate website.
  - i. **CMS EHR Incentive Program Registration Site.** Opens a new window and displays the **Official Web Site for the CMS Medicare and Medicaid EHR Incentive Programs.**
  - ii. **CMS EP Registration User Guide.** Opens a new window and displays the CMS users guide for registering with the federal EHR Incentive Program.
  - iii. **Centers for Medicare & Medicaid Services (CMS).** Opens a new window and displays the home page for the CMS EHR Incentive Program.
  - iv. **Department of Health Care Services.** Opens a new window and displays the DHCS Office of Health Information Technology website.
  - v. **Medi-Cal.** Opens a new window and displays the home page for the California Medi-Cal program.
  - vi. **ONC Certified Health IT Products.** Opens a new window and displays the **Certified Health IT Product List.**
  - vii. **California eHealth.** Opens a new window and displays the CA Health and Human Services page for provider information on the EHR Incentive Program.
  - viii. **California Department of Public Health.** Opens a new window and displays the CA state department website discussing meaningful use of Health Information Technology.
  - ix. **State Medi-Cal HIT Plan.** Opens a new window and displays the California Medi-Cal Health Information Technology Plan.



The image below illustrates the primary body content of the Providers Outreach page.

## Welcome to the State Level Registry (SLR) for the Medi-Cal Electronic Health Record Incentive Program

**Medi-Cal EHR Incentive Program**--As a result of the American Recovery and Reinvestment Act of 2011, Medi-Cal is able to offer eligible professionals and hospitals in California substantial financial incentives to adopt, implement, upgrade, and meaningfully use certified electronic health record technology. Professionals can receive \$21,250 in the first year and \$8,500 in five subsequent years. Hospital incentive payments vary between \$0.5 to 8 million over 4 years. The last year for professionals and hospitals to start the program is 2016. As of November, 2015, the program has distributed over \$1 billion to professionals and hospitals in California. For detailed information you may access CMS's website by clicking here or by clicking on the links to guidance documents in the right hand column of this page

**California Technical Assistance Program (CTAP)**--In November, 2015 the California Technical Assistance Program was launched with \$37.5 million in federal and state funds. This program is designed to continue the work of the Regional Extension Center Program which has provided assistance to over 12,000 professionals in adopting, implementing, upgrading and meaningfully using certified electronic health record technology. The CTAP program is designed to deliver free services to assist an additional 7,500 professionals, with special emphasis on solo practitioners and specialists. The four CTAP organizations can be accessed by clicking on the links below..

- [California Health Information Partnership and Service Organization \(CalHIPSO\)](#) -- statewide service coverage except in areas covered by other CTAP organizations
- [CalOptima](#) -- primarily serves Orange County
- [HiTEC-LA](#) -- primarily serves Los Angeles County
- [Object Health](#) -- primarily serves Riverside and San Bernardino counties

### Important Web Resources (all links open in new window)

- [CMS EHR Incentive Program Registration site](#)
-  [CMS EP Registration User Guide](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Department of Health Care Services](#)
- [Medi-Cal](#)
- [Office of the National Coordinator for Health Information Technology \(ONC\) Certified Health IT Product List](#)
- [California eHealth Initiative](#)
- [California Department of Public Health](#)
-  [State Medi-Cal HIT Plan \(SMHP\)](#)
-  [State Medi-Cal HIT Plan \(SMHP\) Appendix](#)

5. **Footer section.** Located at the bottom of the page, the footer displays the following items:
  - a. **Privacy.** Opens a new window to the DHCS Privacy policy.
  - b. **Conditions of Use.** Opens a new window to the DHCS Conditions of Use policy.
  - c. **Accessibility.** Opens a new window with the website's Accessibility policy displayed.
  - d. **State of California Copyright.**

## 4. California Medi-Cal State Level Registry (SLR)

### 4.1 Create a New SLR Account for Group Representatives

Follow the steps below to create and log on to the California Medi-Cal State Level Registry (SLR) for the CMS Provider Incentive Program.

Note: The Group Representative does not need to register with CMS. However, the individual providers do need to use the below information to register with CMS. The Individual providers should have already completed their registration with CMS by using the "[registering with CMS](#)" link on the Provider Outreach Page.



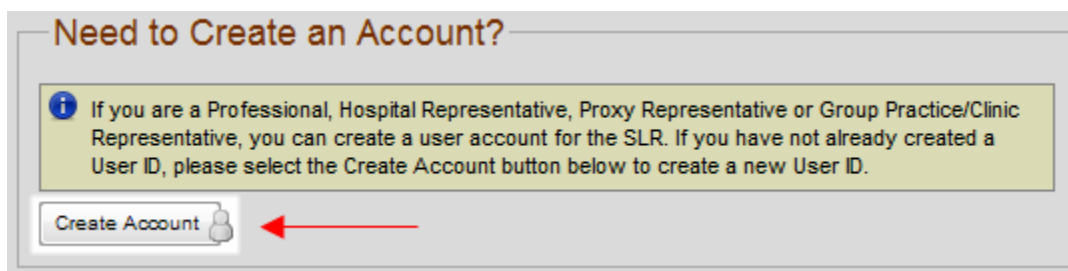
1. Click the "[create a Medi-Cal EHR Provider Incentive Portal account](#)" link located on the upper left-hand corner of the Provider Outreach webpage. User will be taken to the login site to create a new user account.

Reference: The State Level Registry (SLR) site can be accessed directly by going to the following website - <https://www.medi-cal.ehr.ca.gov/>

Note: The CA State Level Registry URL is secured – "https:"



- a. Click the **Create Account** button.



2. Complete “Identify Yourself” window fields to create account:


**Identify Yourself**

Enter the necessary information below and click Continue.  
\* Indicates required fields.

What is your role? \* ☐ Professional  
☐ Hospital Representative  
☐ Group Representative  
☐ Proxy Representative

NPI \*

TIN \*

 [New Image?](#)

Enter the letters/numbers from the \*   
image above

Letters are case sensitive. If you have difficulty identifying the characters in the image above, click the link to display a new image.

- a. Select **Group Representative** from the radio button selection.

What is your role? \* ☐ Professional  
☐ Hospital Representative  
→ ☒ **Group Representative**  
☐ Proxy Representative

- b. Input Group's National Provider Identifier (NPI) into field.  
c. Input Group's Taxpayer Identification Number (TIN) into field.

NPI \*  ← input 10 digit number  
TIN \*  ← input 9 digit number

- d. Type characters into field from the security CAPTCHA image.

In the event that the CAPTCHA image is not clear, click “new image” link to display a new image.

 [New Image?](#)

Enter the letters/numbers from the \*  ←  
image above

- e. Click the “**Continue**” button to submit for new account creation.  
The “**Cancel and return to Login**” link will exit the screen without the submission of data.

3. In the new “Is This You” window, confirm Name, Address, and associated with the NPI entered into Create Account screen.

## Create Account

Is This You?

**Name** MT Health Healing

**Address** 178 W LINCOLN BLVD ESCONDIDO CA 99999-8343


- a. Complete the Create a New SLR Account section:


To...	Click/Call...
<ul style="list-style-type: none"><li>• save data</li></ul>	<ul style="list-style-type: none"><li>• <b>Yes, Continue</b> button.</li></ul>
<ul style="list-style-type: none"><li>• Re-enter the Group/Clinic NPI</li></ul>	<ul style="list-style-type: none"><li>• <b>No, Go back</b> button and return to section 4.1 of this manual.</li></ul>
<ul style="list-style-type: none"><li>• Speak with the Help Desk</li></ul>	<ul style="list-style-type: none"><li>• (866) 879-0109 for assistance.</li></ul>

### 4.1.1 Create Logon for SLR Account

Follow the steps below to complete the “Create Account” process and set the User ID, Password, Challenge Question, and Contact Information.

#### Create Login

 Enter the necessary information below and click Create Account. \* Indicates required fields.

User ID *	<input type="text"/>	<i>Enter 8-20 alphanumeric characters; no spaces, no special characters.</i>
Password *	<input type="password"/>	<i>Password cannot be your login name or a previously used password. Password must include the following: * 8-20 characters * 1 upper case letter * 1 lower case letter * 1 number * 1 of the following special characters: @ # !</i>
Confirm Password *	<input type="password"/>	
Select a Challenge Question *	<input type="text" value="Select..."/> 	
Your Answer to the Challenge Question	<input type="text"/>	
Phone	<input type="text"/>	<i>9999999999 (no spaces, dashes, parens)</i>
E-mail Address *	<input type="text"/>	<i>name@domain.com</i>

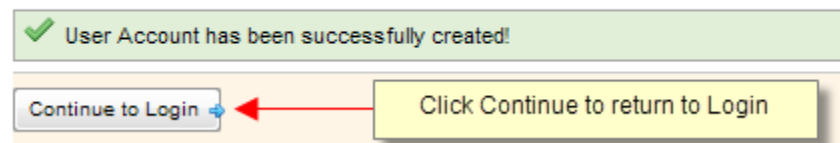
1. Input desired User ID.  
Information: The User ID needs to be at least 8 letters/numbers long but cannot be more than 20 characters.
2. Input Password.  
Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:
  - at least one capital letter.
  - at least one lower case letter.
  - at least one number.
  - at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the “Confirm Password” field.
4. Select a Challenge Question from the drop down menu to answer.
5. Input answer to selected Challenge Question.
6. Input contact phone number.
7. Note: input phone number with no spaces, dashes, or parenthesis.

8. Input the contact email address.
9. Click the **Create Account** button to finish creating the account.
10. Click the **Cancel and return to login** to exit the account creation process.
11. Click the **Continue to Login** button after confirming the “Account successfully created” message.

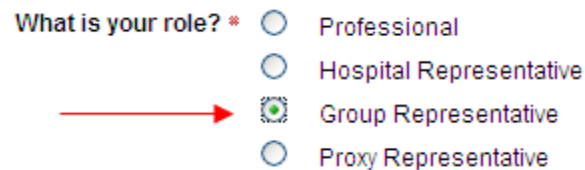
## Create Account



### 4.1.2 Forgot User ID for SLR

Use the following steps to have the User ID emailed to the account on record.


1. Click the **Forgot User ID** link from the login page.
2. Select the **Group Representative** user role from the radio button selection.



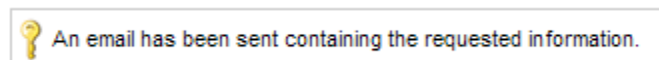
3. Input Group's National Provider Identifier (NPI) into field.



4. Input Group's Taxpayer Identification Number (TIN) into field.
5. Click **Continue** to move to next screen.
6. Input answer to previously selected Challenge Question.

 Answer the challenge question below and click Continue to confirm your identity. An email containing the requested information will be sent to the email address on record for the account. \* Indicates required fields.

7. Click **Continue** to move to next screen.
8. Look for confirmation of system email sent to Group Representative.




9. Click **Cancel and return to Login** link to return to login screen.
10. Retrieve system generated email sent to the Group Representative's email account from “California State Level Registry System Messages”.
11. Log into the SLR as normal using the emailed User ID.

### 4.1.3 Forgot Password for SLR

Use the following steps to have a link sent to the email account on record in order to reset the user password.

1. Click the **Forgot Password** link from the login page.
2. Input the User ID into the input field.
3. Click **Continue** to move to next screen.
4. Input answer to previously selected Challenge Question.
5. Click **Continue** to move to next screen.
6. Look for confirmation of system email sent to Group Representative.

 An email has been sent to the email address on file for the User ID you entered. When the email arrives, click the link provided in the email and you will be taken to a screen where you can reset your password.

7. Click **Return to Login** link to return to login screen.
8. Retrieve system generated email sent to the Group Representative's email account from "California State Level Registry System Messages".
9. Click the link provided in the email to reset.
10. Input a new password in the **New Password** field.

**New Password \***

**Confirm New Password \***


Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:


- at least one capital letter.
- at least one lower case letter.
- at least one number.
- at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

11. Re-input password into **Confirm New Password** field.
12. Click the **Change Password** link to submit requested password change.
13. Click the "**Continue to Login**" button after confirming the "Password Reset" message.

**Password Reset**

 Your password has been reset. Select Continue to proceed to the login screen.

**Continue to Login** 

14. Log into the SLR as normal using the new password selected by Group Representative.

## 4.2 Log on to the State Level Registry (SLR) system

Follow the steps below to log on to the SLR.

**Existing Users**

Enter the User ID and password you created to login to the SLR. \* Indicates required fields.

User ID \*  1. Enter User Logon

Password \*  2. Enter User Password

The State Level Registry (SLR) for Provider Incentive Payments and related web sites (such as the SLR Provider Outreach page) require a minimum screen resolution of 1024x768. The SLR and related web sites are best viewed with Internet Explorer version 7 and above, Firefox, Safari, and Chrome.

3. Click Log In to continue

[Forgot User ID?](#)

[Forgot Password?](#)

1. Enter user login in the "User ID" field.
2. Enter user password in the "Password" field.
3. Click the "Log In" button to access the SLR.

If the Group Administrator is prompted to input the TIN, then follow the steps below, otherwise **proceed to Section 4.2.1.**



### State Level Registry for the Medi-Cal EHR Incentive Program

**Existing Users**

Please Enter Your TIN

TIN:

If the Group Administrator is enrolling the group/clinic for payment year 2 or beyond, they will be prompted to input the account TIN to verify whether the group/clinic has been purchased by another entity, since the initial account creation.

1. Input the group/clinic TIN in new field to confirm account
2. Click **Continue** button to complete log on.

In the event that the group/clinic has been purchased, the following error will be received and a brand new group account will need to be created, because the change in TIN represents a new entity.



### 4.2.1 Accepting the End User License Agreement (EULA)

Once the Login is complete, the Group Representative is presented with the End User License Agreement (EULA). The EULA is the licensing agreement between the Department of Health Care Services and the Group Representative for use of the SLR and must be accepted in order to continue.

**California Department of Health Care Services**  
**California Medi-Cal Electronic Health Record (EHR) Incentive Program**  
**End User License Agreement and Terms of Use**  
ACCEPTANCE OF TERMS

Indicate your acceptance of the End User License Agreement below. \* Indicates required fields.

The services that California Department of Health Care Services (CA-DHCS) provides to you are subject to the terms and conditions of this End User License Agreement and Terms of Use ("this Agreement"). This Agreement governs the use of all data and software available at this site ("Site"). Please read the rules contained in this Agreement carefully. You can access this Agreement at any time by clicking on User Agreement at the bottom of every page on this Site. If you do not agree to abide by this Agreement, your access to any other pages of this Site will be denied. Clicking on the "I Agree" button at the end of this Agreement and accessing this Site constitutes your acceptance of this Agreement. Continued access to this Site will constitute your acceptance of any amendments to this Agreement. Your failure to follow the terms and conditions for use of this Site, whether listed below or in bulletins posted at various points in this Site, may result in suspension or termination of your access to this Site, without notice, in addition to other remedies available to CA-DHCS.

**1. DEFINITIONS**

In addition to the terms defined elsewhere in this Agreement, for purposes of this Agreement the following terms shall be defined as specified below:

- a. Authorized Employee shall mean an employee of a Provider who needs to access this Site to perform their duties for the Provider and who the Provider properly trained regarding use of this Site, the Services, the Software, HITECH, and HIPAA. Provider is responsible for the actions of its Authorized Employees.
- b. HIPAA shall mean the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, all implementing regulations and all amendments

☐ \* I Agree with the End User License Agreement. [Print EULA](#)

[Click to accept Agreement](#) [Continue](#) [Cancel and return to Log in](#)

1. Read the EULA in full.
2. Click the "Print EULA" to print the agreement for user records.
3. Click the check box to agree to the EULA.  
Note: The EULA must be accepted once every 12 months or when the EULA has been updated.
4. Click the "**Continue**" button to continue to the SLR Homepage.

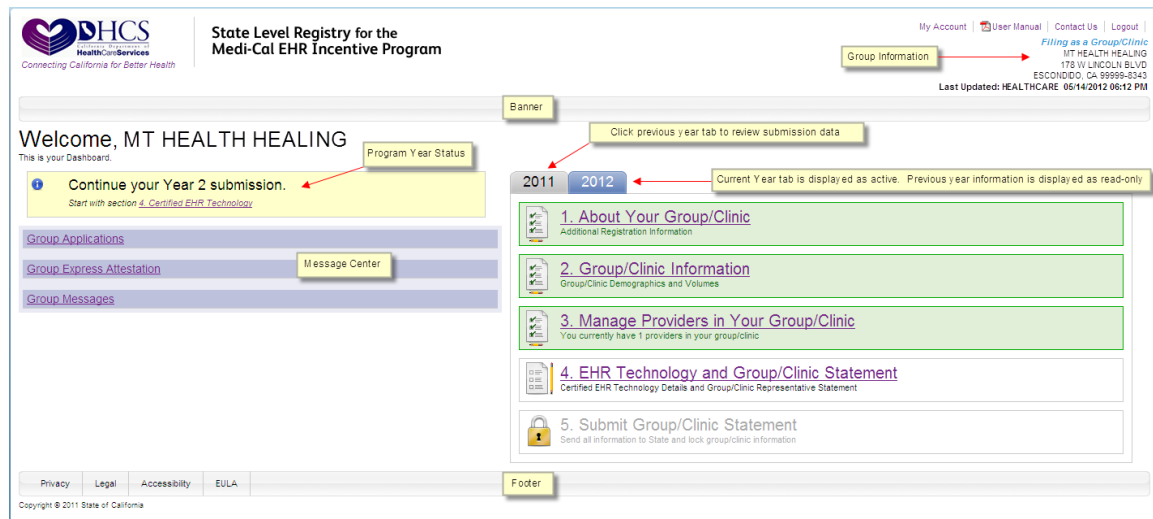
### 4.3 SLR Homepage

The SLR homepage is the center of the application and is the place from which the Group Representative will establish the group/clinic applying for the Medi-Cal provider incentive program.

From the Homepage, the Group Representative has the ability to:

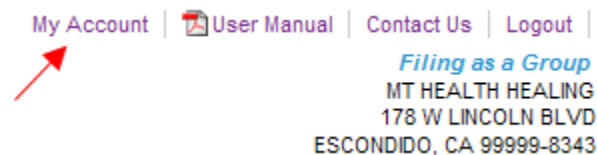
1. Make changes to their user account through the "**About Your Group**" link.
2. Review the instructions for completing the SLR registration with the "**User Manual**" link.
3. Retrieve the Help Desk information through the "**Contact us**" link.
4. Retrieve system messages regarding Payments, Reporting, Audits, Appeals, and System communications.
5. Access the SLR workflow steps to complete Registration and Attestation for the incentive program.
  - Step 1: About Your Group
  - Step 2: Group/Clinic Information
  - Step 3: Manage Providers in Your Group
  - Step 4: EHR Technology and Group Statement
  - Step 5: Submit Group/Clinic Statement

## 6. Review Previous Year submissions



### 4.4 My Account Functionality

The My Account link on the homepage provides the user the ability to update user information including changing passwords, challenge question, phone number, and email address.



SLR generated messages will be sent to all email accounts recorded for this provider. **Reset Password messages will only be sent to the email account listed under the My Account Page.**

Note: Changing the contact information in the My Account screen does not change the contact information set up under the About You page or the contact information provided by CMS in the registration process.

#### 4.4.1 Voluntary Password Change in My Account

The Group Representative user password is valid for 74 days. When the expiration period has passed, a Reset Password page will appear allowing the representative to change their password.

In addition, the user password may be changed prior to the 74 day expiration period through the My Account link on the SLR application homepage.

### My Account

Make changes to your account below.

Changing the contact information here does not change the contact information set up under the About You page or the contact information provided by CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider. Reset Password messages will only be sent to the account listed under the My Account Page.

User ID

Password

Confirm Password

Select a Challenge Question \*

Your Answer to the Challenge Question

Phone \*   
9999999999 (no spaces, dashes, parens)

Email Address \*   
name@domain.com

Follow the steps below to change the user password.

1. Click the **My Account** link.
2. Input Password.  
Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:
  - at least one capital letter.
  - at least one lower case letter.
  - at least one number.
  - at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the "Confirm Password" field.
4. Complete the My Account section:

To...	Click...
<ul style="list-style-type: none"> <li>• save data</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Save</b> and wait for the system confirmation.</li> </ul>
<ul style="list-style-type: none"> <li>• exit screen without saving inputs</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cancel and Delete Changes.</b></li> </ul>


5. Click **Back to Dashboard** to return to SLR Dashboard.

[« Back to Dashboard](#)

#### 4.4.2 Voluntary Challenge Question Change in My Account

Follow the steps below to change the Challenge Question.

1. Click the **My Account** link.
2. Select a Challenge Question from the drop down menu to answer.
3. Input answer to selected Challenge Question in “Your Answer to the Challenge Question” field.
4. Complete the My Account section:

To...	Click...
<ul style="list-style-type: none"> <li>save data</li> </ul>	<ul style="list-style-type: none"> <li><b>Save</b> and wait for the system confirmation.</li> </ul>
	 <i>Account is Updated.</i>
<ul style="list-style-type: none"> <li>exit screen without saving inputs</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes.</u></b></li> </ul>


5. Click **Back to Dashboard** to return to SLR Dashboard.

[« Back to Dashboard](#)

#### 4.4.3 Update Phone Number and Email in My Account

Follow the steps below to change the Group Representative phone number and email address.

1. Click the **My Account** link.
2. Input new Phone number in the “Phone” field.
3. Input new email address in the “Email Address” field.
4. Complete the My Account section:

To...	Click...
<ul style="list-style-type: none"> <li>save data</li> </ul>	<ul style="list-style-type: none"> <li><b>Save</b> and wait for the system confirmation.</li> </ul>
	 <i>Account is Updated.</i>
<ul style="list-style-type: none"> <li>exit screen without saving inputs</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes.</u></b></li> </ul>

5. Click **Back to Dashboard** to return to SLR Dashboard.

[« Back to Dashboard](#)

## 4.5 Step 1. About Your Group/Clinic

The State of California requires that additional information be provided to be used to determine eligibility to participate in the Medi-Cal EHR Incentive Program. Provide contact information for the group/clinic.

**Note:** Changing the contact information here does not change the contact information set up under the My Account page. SLR generated messages will be sent to all email accounts recorded for this group/clinic.

Follow the steps below to complete the About You section of the California State Level Registry.

1. Click the link **1. About Your Group/Clinic** to access screen.
2. Review the default contact information from your user account and make any changes, as needed.
3. Under the Contact Person section, input the name of the group representative in the "Contact Name" field.

### Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information provided to CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider.

Enter your AboutYou information below. \* indicates required fields.

Name \*

Phone Number \*   
999999999 (no spaces, dashes, parens)

Email Address \*   
name@domain.com

[Cancel and lose About Your Group changes](#)

4. Confirm the contact phone number and update, if necessary.
5. Confirm the contact email address and update, if necessary.
6. Complete the **About Your Group/Clinic** section:

To...	Click...
<ul style="list-style-type: none"> <li>save data and <b>remain in the screen</b> for further editing</li> </ul>	<ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>
<ul style="list-style-type: none"> <li>save data and move to step <b>2. Group/Clinic Information</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>
<ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes</u></b>, then</li> <li><b>Back to Dashboard.</b></li> </ul>

## 4.6 Step 2. Group/Clinic Information

Group/clinic participation enables providers to aggregate the encounters of the entire group so that all providers who contributed to group volumes can meet the minimum eligibility threshold. General group requirements are as follows:

- Groups must meet the minimum 30%\* Medicaid patient volume (20% for pediatric groups where all members are pediatricians).

- The encounters of **all** group members must be included in the group's aggregate amount.
- Providers who had at least one Medi-Cal encounter with the group in the same calendar year as the 90-day representative period chosen or in the 12 months preceding attestation can be added as a group member and benefit from the group's aggregate encounters.

\*Note: The SLR will give a credit of 20% if the group/clinic attains 19.50 to 19.99% and of 30% if the group/clinic attains 29.50 to 29.99%.

#### 4.6.1 Group/Clinic Information

Follow the steps below to provide the group/clinic information about the location(s) where the professionals had patient encounters. You may check the box for designating any location as a site at which certified EHR technology has been adopted, implemented, or upgraded (AIU).

Note: If the group account has previously been submitted, then the locations from that previous year's data will be inherited into the current year's data.  
Review the inherited location and edit as needed.

1. Input the **NPI** associated with the first location for the group/clinic.

NPI  Enter the NPI for this location.

2. Input the street address of the first location.

Street \*

3. Input the **City**, **State**, and **Zip Code** of the first location.

City \*  State \*  Zip \*

4. Indicate whether the location fulfills EHR Technology requirement for the Eligible Professionals' the A.I.U.

AIU of certified EHR technology at this site ☐

5. Click the **"Add Location"** button to log the location in for the group/clinic.

Add Location

6. Review the **"Your Group's Location(s)"** for the first location added and confirm data.

##### Your Group/Clinic's Location(s)

The table below lists the locations you have selected. This table is for display only. To add or delete AIU information you will need to click on the red X in the right column to delete the location and use the "Add Location(s)" fields above to enter the correct information about this location.

NPI	Address	Fulfill A.I.U.	Action
1234567890	1975 Your Road Our Townq, CA 95605	✓	✗
1234567890	1974 My Street Our Town, CA 95605	✓	✗

7. Repeat steps 1 through 5 to add additional locations for the group/clinic.
8. Review the **"Your Group's Location(s)"** for any additional locations added and confirm data.

### Your Group's Location(s)

You must have at least one location in the table below to successfully create your group.

NPI	Address	Fulfill A.I.U.	Action
1234567890	1974 My Street Our Town, CA 95605	✓	✗
1234567890	1974 Your Road Our Town, CA 95605		✗

9. If it applies, click the check box for a group/clinic that is a FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic or if the group/clinic is a Pediatric Practice.

Selecting a specialty group type and/or practice will determine what formulas are available to choose to calculate the group/clinic's eligibility.

- FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic

Checking the FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic box will enable your group to include Other Needy Individual encounters to your Medicaid encounters.

**Please note:** This box should **only** be checked if Other Needy Individual encounters will be used. **Do Not** check this box, if you are an FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic and do not need to include Other Needy Individual encounters to qualify.

- Pediatric Practice

Checking the Pediatric Practice box will enable pediatric groups/clinics to qualify with 20%-29% Medicaid volumes for an incentive payment that will be reduced by 1/3. Pediatric group/clinics cannot qualify at the 20%-29% needy level. All providers in the group/clinic will be required to provide proof that they are pediatricians when registering by uploading documentation of board certification or board eligibility with the American Academy of Pediatrics or the American Osteopathic Board of Pediatrics.

**Do not check this box** if the group/clinic will be able to qualify at the 30% Medicaid level.

### Specialty Group Type and Practice

Please check the box, if applicable, next to these two special group or practice types. These two special group and practice types are treated differently in determining eligibility for the program.

☐
FQHC, RHC, FQHC Look-Alike,  
or Indian Tribal Clinic

**IMPORTANT MESSAGE:** Only check this box if your clinic is an FQHC, FQHC look-alike, Rural Health Clinic, or Indian Tribal Clinic and the clinic will need to count other needy individual encounters to attain the 30% threshold. Do not check this box if your clinic is able to attain the 30% threshold counting Medicaid encounters alone.

☐
Pediatric Practice

Only check this box if all providers in the group/clinic are board certified, or board eligible pediatricians and your group/clinic will need to qualify for the program using the special 20-29% Medicaid patient volume allowed for pediatricians. This will result in your providers' incentive payments being only 2/3 of the payments for providers qualifying at the 30% or greater Medicaid patient volume level. **Do not** check the box if the providers in your group/clinic will qualify at the 30% or greater Medicaid patient volume level.

## 4.6.2 Group Volume Information

Follow the steps below to fill out the group/clinic volume information section.

1. Select between the two options for choosing the Representative Period.
  - a. Input a start date for the preferred continuous **90 day representative period** from within the previous calendar year end (January 1-December 31).




Note: the full 90 day period must not overlap the 90-day period used in the previous program year.

- b. Input a start date from within the 12-month period preceding the current day's date.  
Note: the full 90 day period must not overlap the 90-day period used in the previous program year.

**90 Day Representative Period**

☒ **90-day representative period in the calendar year preceding the program year for which you are attesting**  
Enter the start date of the continuous 90-day representative period. The end date will be automatically calculated as 90 days from the start date. The representative period must start and end in the calendar year preceding the program year for which you are attesting. Note that the 90-day representative period selected must not overlap with the 90-day representative period used for your previous program year attestation.

☐ **90-day representative period in the 12-month period preceding today's date**  
Enter the start date of the continuous 90-day representative period. The end date will be automatically calculated as 90 days from the start date. The representative period must start and end in the 12-month period preceding today's date. Note that the 90-day representative period selected must not overlap with the 90-day representative period used for your previous program year attestation.

Start Date   End Date  mm/dd/ccyy      Payment Year  ccyy

2. Select the calculation that best suites the group/clinic from the available formulas.

Note: The available formula options are determined by whether the group/clinic predominately practices in an FQHC or RHC as determined in 4.6.1 step 9.

### Formula Selection

These formulas affect how your eligibility is calculated.

- Formula 1A ☒ *1A: Total Medicaid Encounters / Total Patient Encounters*
- Formula 2A ☐ *2A: (Total Medicaid Patients Assigned to a Panel + Total Medicaid Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)*  
*Note: Patients "assigned to a panel" (whether Medi-Cal or other payor) should only include active panel patients who were seen at least once in the 24 months preceding the 90-day representative period.*

**OR**



### Formula Selection

These formulas affect how your eligibility is calculated.



- FQHC/RHC Formula 1B ☒ *FQHC/RHC 1B: (Total Medicaid Encounters + Total Other Needy Individuals Encounters) / Total Patient Encounters*
- FQHC/RHC Formula 2B ☐ *FQHC/RHC 2B: (Total Medicaid Patients Assigned to a Panel + Total Patients Assigned to an Other Needy Individuals Patient Panel + Total Medicaid Encounters + Total Other Needy Individuals Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)*  
*Note: Patients "assigned to a panel" (whether Medi-Cal or other payor) should only include active panel patients who were seen at least once in the 24 months preceding the 90-day representative period.*






3. Add the group/clinic **Total Patient Encounters** and **Total Medicaid Encounters** for CA.

State	Total Patient Encounters	Total Medicaid Encounters	Action
CA	0	0	Save  Cancel 




4. Click the save icon to save the CA encounter data.

Action
Save  Cancel 


5. Click **Select** to set up the row for another state.

State	Total Patient Encounters	Total Medicaid Encounters	Action
CA	1551	500	Edit  Delete 
Select			Add 

6. Add the group/clinic **Total Patient Encounters** and **Total Medicaid Encounters** for additional state.
7. Click the **add row** icon to save inputs and to insert additional rows for more states.

State	Total Patient Encounters	Total Medicaid Encounters	Action
CA	1565	515	Edit  Delete 
NV	5651	515	Add 

8. Confirm that Medicaid Volume Percentage is above 29.5% and eligibility is met.

 Meets Medicaid Eligibility Requirements? Yes

9. Complete the **Group/Clinic Information** section:

To...	Click...
<ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul>	<ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>
<ul style="list-style-type: none"> <li>save data and move to step 3. <b>Manage Providers in Your Group/Clinic</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>
<ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>	<ul style="list-style-type: none"> <li><b>Cancel and Delete Changes,</b> then</li> <li><b>Back to Dashboard.</b></li> </ul>

## 4.7 Step 3. Manage Providers in Your Group/Clinic

In Step 3, the group representative will add providers to the group using the provider NPI. All providers who contributed to group encounters are to be added to the group. Encounters by all providers in the group/clinic must be counted. In addition, groups can also add as members those providers who had at least one Medi-Cal encounter in the group/clinic during the calendar year used to establish eligibility or in the 12 months preceding attestation. **Providers do not need to have had encounters with the group/clinic during the 90-day representative period.** FQHCs or RHCs using Other Needy Individual encounters to qualify should also include providers with at least one Other Needy Individual encounter during the calendar year.

If providers are not in the state's Provider Master File (PMF), they cannot be added to the group or create an account in the SLR until they have registered with CMS at <https://ehrincentives.cms.gov/hitech/login.action>. Please note that there is a 48 hour delay between CMS registration and receipt of information in the CA SLR account.

### 4.7.1 Manage Providers in Your Group/Clinic

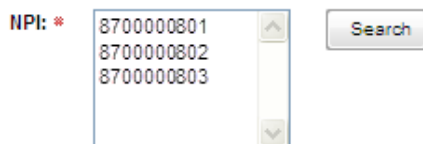
Follow the steps below to complete the **Manage Providers in Your Group** section of the California State Level Registry.

**See section 4.7.2 if group account was submitted in the previous program year**

- Input NPI(s) for the provider(s) into the NPI input field.  
**Note:** Multiple NPIs may be searched for at one time. Each NPI must be on its own line followed by a carriage return.

#### Locate Provider(s)

Enter NPIs of providers in your Group/Clinic. After each NPI entered press "Enter". When your list is complete, press "Search".



NPI: \*

8700000801  
8700000802  
8700000803

Search

- Click the **Search** button to receive a summary of the results.

3. Confirm that the search result is the provider that is being sought.

Summary Results: 3 unique NPI(s) entered, 3 found, 0 not found or ineligible, 0 undetermined

NPI	Last Name, First Name	Address	Action
9900000714	Bunny, Bugs	1060 W. Addison, Toontown, CA 96001-8801	Add +
9900000712	Cat, Cool	3144 Hwy 96, Hipsterville, CA 95571-8802	Add +
9900000713	Duck, Daffy	333 Hwy 33, Duckburg, CA 98571-8803	Add +

4. Select "Add" for the provider to be included in the group/clinic.
5. Confirm that all providers in the Group table are correct.
  - a. Click the remove icon in order to remove the provider from the list.

You have 3 Members in Your Group

NPI	Last Name, First Name	Address	Action
9900000714	Bunny, Bugs	1060 W. Addison, Toontown, CA 96001-8801	✖
9900000712	Cat, Cool	3144 Hwy 96, Hipsterville, CA 95571-8802	✖
9900000713	Duck, Daffy	333 Hwy 33, Duckburg, CA 98571-8803	✖

6. Insert Provider NPIs and names in the **Group Notes** section for Eligible Professionals (EP) that were not found in the above steps.
7. Attach documentation indicating that the providers added to the **Group Notes** section are members of the group/clinic and any additional backup to the SLR using the **Upload Files** button.

Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

- a. Click **Upload Files** button.



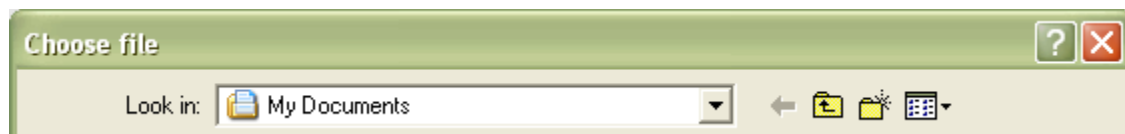
- b. Identify the **Subject** type of the file to be added:
  - Letter
  - Other Document
- c. Click the **Add File** button. [+]

Upload Files

Letter Add File +

Other Document Add File +

- d. Navigate to the file for the **Letter** from the open **Choose file** window.



- e. Select file and click **Open** to attach the file.
- f. Add additional files as needed to the **Upload Files** pop-up window.

- g. Click **Done** to close Upload window and return to the **Manage Providers in Your Group/Clinic** page.

Done

To remove a file that has already been attached to the SLR, click the [X] to delete the file.

8. Complete the **Manage Providers in Your Group** section:


To...	Click...
<ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul>	<ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>
<ul style="list-style-type: none"> <li>save data and move to step 4. <b>EHR Technology and Group/Clinic Statement</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>
<ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>	<ul style="list-style-type: none"> <li><b>Cancel and Delete Changes</b>, then</li> <li><b>Back to Dashboard.</b></li> </ul>

## 4.7.2 Managing Providers in Subsequent Program Years

In event that the group account was submitted in the previous program year, those providers from last year's group will be inherited in the Locate Provider Box and the Summary Results window. These providers must be re-added to the group for the current program year.

Follow the step below to complete the **Manage Providers in Your Group** section for providers from previous year's submission.

1. Upon entering the screen, the Locate Providers box and Search Results window will be pre-populated with the group members from the previous program year.

 The table below displays the providers from the previous year. You may confirm each as a member of your group/clinic for this year by clicking the Add button to the right. Members must have treated at least one Medi-Cal (or Other Needy Individual in the case of FQHCs or RHCs) patient in your group/clinic during the previous calendar year. Some providers may be listed as "Not found". See specific error messages in the table below.




### Manage Providers in Your Group/Clinic

#### Locate Provider(s)

Enter NPIs of providers in your Group/Clinic. After each NPI entered press "Enter". When your list is complete, press "Search".

NPI:




Summary Results: 3 unique NPI(s) entered, 3 found, 0 not found or ineligible

NPI	Last Name, First Name	Address	Action
123456789	Bunny, Bugs	1060 W. Addison, Toontown n, CA 96001-8801	<a href="#">Add</a> 
234567891	Cat, Cool	3144 Hwy 96, Histerville, CA 95571-8802	<a href="#">Add</a> 
345678912	Duck, Daffy	333 Hwy 33, Duckburg, CA 98571-8803	<a href="#">Add</a> 

2. Input additional provider NPIs into the Locate Provider box.
3. Click the **Search** button to receive a summary of the results.
4. Confirm that the inherited providers are still valid for current program year.
5. Select **Add** for the providers to be included in the group/clinic.

6. Confirm that all providers in the Group table are correct.
  - a. Click the remove icon in order to remove the provider from the list.

You have 3 Members in Your Group

NPI	Last Name, First Name	Address	Action
123456789	Bunny, Bugs	1060 W. Addison, Toontown, CA 96001-8801	
234567891	Cat, Cool	3144 Hwy 96, Hipsterville, CA 95571-8802	
345678912	Duck, Daffy	333 Hwy 33, Duckburg, CA 98571-8803	

7. The **Group Notes** section can be used to record the NPIs of group members who were not found and unable to be added to the group. The **Group Notes** section is not visible to the state and is for the group administrator's use only.

Note: If the provider NPI is not in the state's Provider Master File (PMF), then the provider only can be added to the group/clinic after they have registered with CMS and their CMS registration information has been received by the state.

## 4.8 Step 4. EHR Technology and Group/Clinic Statement

### 4.8.1 CMS EHR Certification ID

Group Representatives can provide information demonstrating that the EHR technology used by the group/clinic is certified through the Office of the National Coordinator (ONC) and meets the requirements to fulfill AIU. ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payment to eligible provider. Providing this information is optional for groups. If the group enters this information then all providers who opt to apply under the group will inherit the data, if the group does not enter this information then all providers who opt to apply under the group will be required to provide this information during the provider application process.

Follow the steps below to complete the CMS EHR Certification section.

1. Go to the ONC website to receive the CMS EHR Certification ID at:  
<http://onc-chpl.force.com/ehrcert>
  - a. Select your practice type by selecting the Ambulatory or Inpatient Practice Type buttons.
  - b. Search for EHR Products by browsing all products, searching by product name or searching by criteria met.
  - c. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria.
  - d. Request a CMS EHR Certification ID for CMS registration for attestation from your cart page.

Note: ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. **Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID".**

- e. Capture a screen print of the screen with the CMS EHR Certification ID as backup for the SLR.

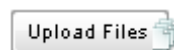
2. Input the CMS EHR Certification ID received from the ONC website in the **CMS EHR Certification ID** field.

CMS EHR Certification ID \*

3. Attach a copy of the CMS EHR Certification ID screen and any additional backup to the SLR using the **Upload Files** button.

Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG. Both the Professional and vendor documentation forms may be uploaded even if providing complete, non-redacted copies of documentation. Their use may expedite DHCS review of the Professional's application. **Modular EHRs must have documentation uploaded for all modules.**

- a. Click **Upload Files** button.



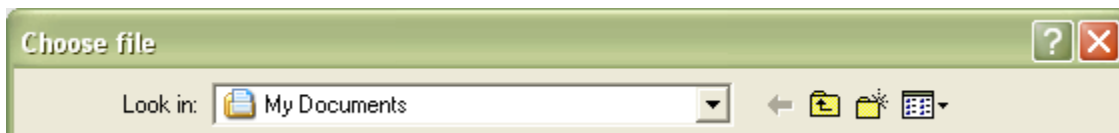
- b. Identify the **Subject** type of the file to be added:

- CMS EHR certification ID Page
- Contract
- Vendor Letter
- Other Document

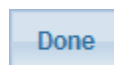
- c. Click the **Add File** button. **[+]**



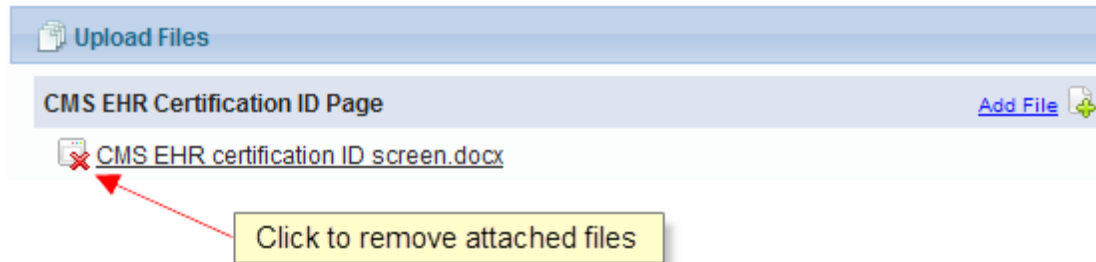
- d. Navigate to the file for the **CMS EHR Certification ID Page** from the open **Choose file** window.



- e. Select file and click **Open** to attach the file.
- f. Add additional files as needed to the **Upload Files** pop-up window.
- g. Click **Done** to close Upload window and return to the **Certified EHR Technology – CMS EHR Certification ID** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.

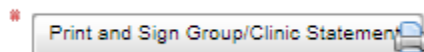


#### 4.8.2 Group Statement

The State of California requires that the group/clinic submit a statement signed by the Group Representative certifying that all information in this application is accurate and complete. The **EHR Technology and Group/Clinic Statement** page can only be accessed after the **About Your Group**, **Group/Clinic Information**, and **Manage Providers in Your Group** sections have been completed.

Follow the steps below to complete the group statement.

1. Click the **Print and Sign Group/Clinic Statement** button to print the Group Statement for the Group Representative to sign and for hospital records.



2. Read the Group Statement thoroughly.
3. Group Administrator signs the Group Statement indicating understanding and acceptance of the conditions of the Medi-Cal EHR Incentive program.
4. Scan the letter into PDF format after the Group Representative has signed it.
5. Attach Signed Attestation file to the SLR using the **Upload Files** button.

Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

- a. Click **Upload Files** button.



- b. Click the **Add File** button. [+]

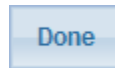


- c. Navigate to the file that for the **Group Statement** from the open **Choose file** window.

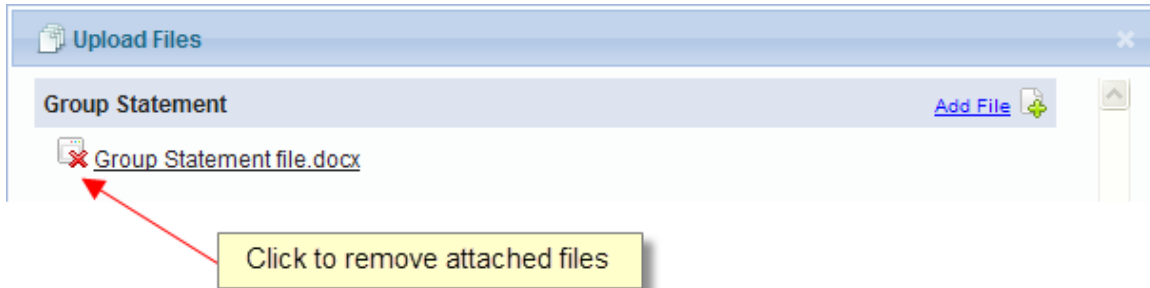


- d. Select file and click **Open** to attach the file.
- e. Add additional files as needed to the **Upload Files** pop-up window.

- f. Click Done to close Upload window and return to the **Group Statement** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.



**NOTE:** Once the signed group statement is attached and saved to the SLR Application steps 1-4 will be locked and set to read only. After this point, the Help Desk must be contacted to release the steps

6. Complete the **Attestation** section:

To...	Click...
<ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul>	<ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>
<ul style="list-style-type: none"> <li>save data and move to step 5. <b>Submit Group/Clinic Statement</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>
<ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes</u></b>, then</li> <li><b>Back to Dashboard.</b></li> </ul>

After **Step 5. Submit Group Statement** is complete, go to the Dashboard of the CA SLR and open the "Group Express Attestation report" to retrieve the attestation letters for the individual Professionals in the group/clinic.



## 4.9 Step 5. Submit Group Statement

The final step is to submit the group/clinic statement to complete the establishment of the group/clinic in the SLR. It is important to note that this is not the final step in the application process. Once the group/clinic statement has been submitted, each of the group/clinic members who wish to receive incentives must create "professional" SLR accounts and submit an attestation to the state.

Year 1

	<b>1. About Your Group/Clinic</b> Additional Registration Information
	<b>2. Group/Clinic Information</b> Group/Clinic Demographics and Volumes
	<b>3. Manage Providers in Your Group/Clinic</b> You currently have 3 providers in your group
	<b>4. EHR Technology and Group/Clinic Statement</b> Certified EHR Technology Details and Group Representative Statement
	<b>5. Submit Group/Clinic Statement</b> Send all information to State and lock group information

1. Read the pop up message about completing submission of the Group Statement.

## 5. Submit

### Submit Application.

You have completed all required information in your application for the Medi-Cal EHR Incentive Program. If you would like to submit it to the state, click the submit button below. If you have any questions, contact the help desk at (866) 879-0109 or by email at [CASLRHelpDesk@xerox.com](mailto:CASLRHelpDesk@xerox.com).

[Cancel and do not send attestation](#)

2. Click **Submit Application** to formally submit the attestation report saved in Step 4. **EHR Technology and Group Statement.**

Verify "System Messages" section on the Homepage has a notice that is confirming the Attestation has been submitted.

System Messages (1)		
Subject	Date Received	From
<a href="#">Your attestation has been submitted</a>	11/11/2011 3:19:04 PM	HEALTH HEALING

3. Confirm receipt of an email from "California State Level Registry System Messages" and save for group/clinic records.

*From: California State Level Registry System Messages [\[mailto:noreply@conduent.com\]](mailto:noreply@conduent.com)*  
*Sent: Wednesday, July 06, 2012 4:01 PM*  
*To: Group Representative*  
*Subject: Your attestation has been submitted*

*Dear Group Representative,*

*The application for your group/clinic has been successfully submitted to the Medi-Cal EHR Incentive Program. The providers that you have designated for your group/clinic will have until March 31, 2012 to enter the State Level Registry and review the group/clinic information and attest to using the patient volumes to establish their eligibility for the program. Providers can choose to utilize your group/clinic's patient volumes, or those of another group or clinic. Providers can also choose to establish eligibility based on their own patient volumes. Federal regulations require that if a provider chooses to use his/her own patient volumes for the care they delivered at your group/clinic, then other providers in your group/clinic cannot qualify based on the group/clinic patient volumes. Should this occur, you will be notified by DHCS, and providers who have not already attested using the group/clinic volumes will be required to establish their eligibility individually.*

*If you were unable to add some providers to your group/clinic because they were "not found" in DHCS databases, you may do so by contacting the Help Desk [at (866) 879-0109] to reopen your application. You should instruct all such providers to register with the CMS Registration Site at least 3 days before attempting to add them to your group/clinic.*

*You can view messages related to your application and check your application status by logging into your account at [www.medi-cal.ehr.ca.gov](http://www.medi-cal.ehr.ca.gov).*

*For any questions concerning your submission, please contact the Help Desk at (866)879-0109 or via email: [CASLRHelpdesk@conduent.com](mailto:CASLRHelpdesk@conduent.com).*

*Thank you*

*California Medi-Cal EHR Incentive Program*  
*Help Desk Phone: (866) 879-0109*  
*Help Desk Email: [CASLRHelpdesk@conduent.com](mailto:CASLRHelpdesk@conduent.com)*  
*State Level Registry: <http://medi-cal.ehr.ca.gov/>*

The process for applying for the Electronic Health Record Incentive Program for Medicaid providers has been completed. Please check back periodically for the status of the group/clinic application with the CA Department of Health Care Services and the Centers for Medicare and Medicaid Services.

Thank you for your participation in the Electronic Health Record Incentive.

## 4.10 Access Reports

### 4.10.1 Reports for Group/Clinics

Three report types are available to the Group Representative.

[Provider Status](#)

[Group Express Attestation](#)

[Group Messages](#)

1. **Provider Status** – Report detailing the application, group membership status and payment information for the eligible professionals added to the group/clinic.
2. **Group Express Attestation** – Report available only for eligible professionals applying for year 1 AIU (adopt, implement, and upgrade) of the incentive program. This document authorizes the group or clinic representative to enter the State Level Registry (SLR) under the “Professional” role (on behalf of the provider) using the provider’s NPI and TIN, enter information on their behalf, and upload and submit the signed Express Attestation form.
3. **Group Messages** – The group/clinic account receives notice of the systems messages sent to the attached providers of the group/clinic. For example, changes to the password or use of the “Forgot User ID?” function will result in a system message being generated.

### 4.10.2 Post Submission File Upload

A file upload function is available on the dashboard after the Group/Clinic’s application has been submitted. The Post – Submission upload function should be used for adding additional documentation to support the group/clinic’s application for the Medi-Cal EHR Incentive Program.

The following types of documents may be acceptable:

- Output from the practice management system with sufficient detail to demonstrate how you derived your reported Medi-Cal encounters or Other Needy Individual encounters. This may be in Excel or other formats. Please specify the vendor of the practice management system.
- Other documentation, such as billing logs, practice registers, etc. Any such non-electronic documentation should be clear enough and contain sufficient detail to enable the reviewers to quickly and accurately validate the Medi-Cal and Other Needy Individual encounters.

#### Upload Additional Documentation

You may use this to upload additional documentation after your application has been submitted. Click [here](#) for additional information.

Upload Files

File(s) Attached - {0}

## 5. Troubleshooting

### 5.1 Accessing Help

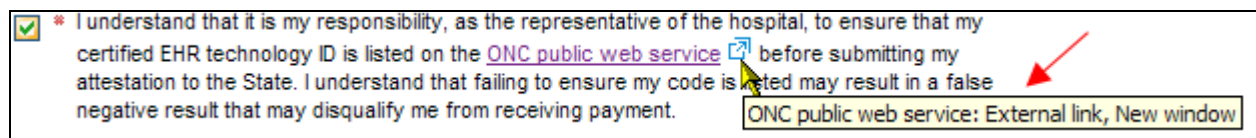
For SLR Web application assistance, contact the Help Desk designated to support the SLR.

Phone: (866) 879-0109  
Email: CASLRHelpdesk@conduent.com

#### 5.1.1 Help Text Displays

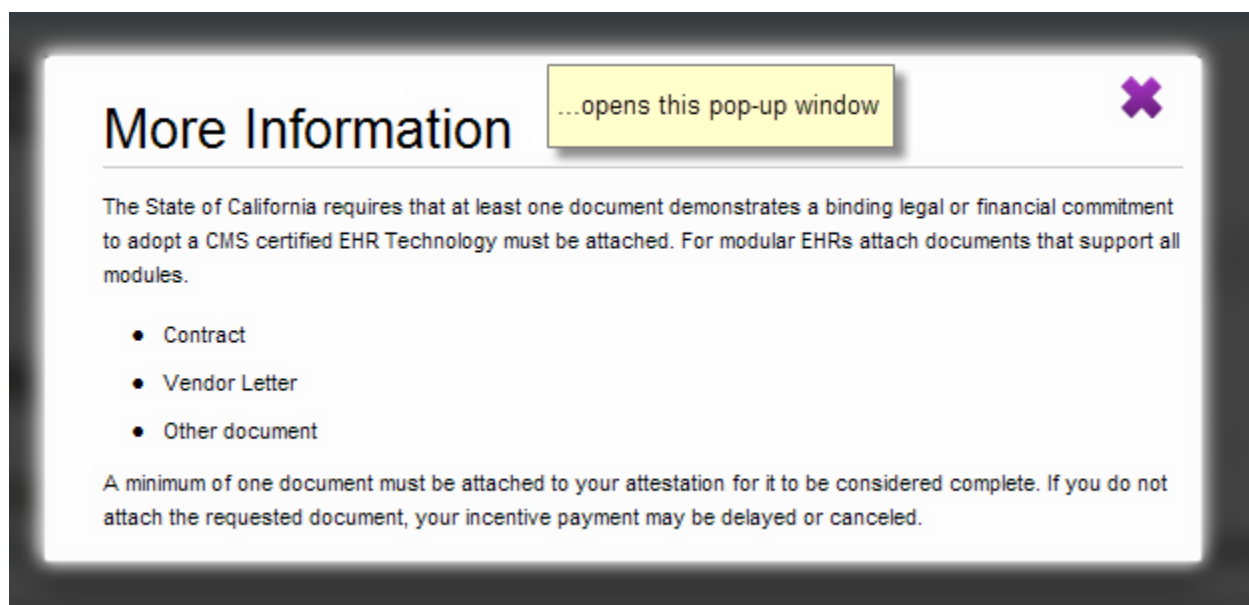
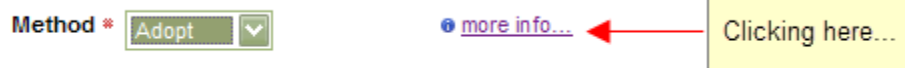
Located throughout the SLR Web application, there are various tool tips, help text, and more info link displayed to help you complete the pages.

Page view with tool tip:



**Help Text.** Help text is text that displays on the page. Help text instructs you on how to respond to a particular field or, it provides some additional information about the field or the page. For example:

**More Info.** Provides more details around the field or page that is being completed. For example:



## 5.2 Web Page Message Display

Use the table below to identify how to resolve an issue:

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Your login attempt was not successful. Please try again.	<ul style="list-style-type: none"><li>Login</li></ul>	Re-enter your Login ID and password. You have four total attempts to enter the correct information.
Your account is currently locked out; please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"><li>Login</li></ul>	Contact the site administrator or Help Desk to get your account unlocked.
Please select the agreement checkbox to continue.	<ul style="list-style-type: none"><li>EULA</li></ul>	Click the checkbox.
The User ID entered is not recognized in the system. Please try again.	<ul style="list-style-type: none"><li>Forgot Password</li></ul>	Re-enter your User ID. You have four total attempts to enter the correct information.
Your attempt to retrieve your User ID was not successful. Please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"><li>Forgot Password</li></ul>	Contact the site administrator or Help Desk

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Your answer could not be verified. Please try again.	<ul style="list-style-type: none"> <li>Forgot Password</li> </ul>	Re-enter your answer to the Challenge Question. You have four total attempts to enter the correct information.
Your attempt to retrieve your password was not successful. Please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"> <li>Forgot Password</li> </ul>	Contact the site administrator or Help Desk.
Password must have a minimum of 8 characters and a maximum of 20. Your password must include at least 1 upper case and 1 lower case letter, 1 number, 1 special character (the "at" symbol "@"; pound "#"; exclamation "!"); not your login name, not an old password.	<ul style="list-style-type: none"> <li>Reset Password</li> <li>Create Login</li> <li>My Account</li> <li>Create Account</li> </ul>	Re-enter your password. You have four total attempts to enter the correct information.
The Confirm New Password must match the New Password entry.	<ul style="list-style-type: none"> <li>Reset Password</li> <li>Create Login</li> <li>My Account</li> <li>Create Account</li> </ul>	Re-enter the new password.
NPI is 10 digits.	<ul style="list-style-type: none"> <li>Forgot User ID</li> <li>Create Account</li> </ul>	Re-enter your 10 digit NPI.
TIN is 9 digits.	<ul style="list-style-type: none"> <li>Forgot User ID</li> <li>Create Account</li> </ul>	Re-enter your 9 digit TIN.
IDs entered are not in our system. If you need assistance, please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"> <li>Forgot User ID</li> </ul>	Re-enter any numbers that are incorrect.
The TIN and ID entered does not match a provider on file. Please contact the help desk at 866-879-0109 for assistance.	<ul style="list-style-type: none"> <li>Create Account</li> </ul>	Contact the Help Desk.
The characters you entered didn't match the image verification. Please try again.	<ul style="list-style-type: none"> <li>Create Account</li> </ul>	<ul style="list-style-type: none"> <li>Check input.</li> <li>Click on "new image" to reset CAPTCHA image</li> </ul>

What is the error message?	On what page(s) could this error appear?	How can you fix it?
The User ID must be between 8 – 10 characters. No spaces or special characters are allowed. Please try again.	<ul style="list-style-type: none"> <li>Create Login</li> <li>Create Account</li> </ul>	Enter a User ID that is between 8 to 10 characters without spaces or special characters.
User ID is not available. Please try again.	<ul style="list-style-type: none"> <li>Create Login</li> <li>Create Account</li> </ul>	Enter a new User ID.
Please enter a valid Email address.	<ul style="list-style-type: none"> <li>Create Login</li> <li>My Account</li> <li>Create Account</li> <li>About Your Group</li> </ul>	Re-enter your email address.
Medi-Cal number is 9 digits.	<ul style="list-style-type: none"> <li>About Your Group</li> </ul>	Re-enter your 9 digit Medi-Cal number.
License number is 9 digits.	<ul style="list-style-type: none"> <li>About Your Group</li> </ul>	Re-enter your 9 digit license number.
To proceed, please select the checkbox to agree with the statement. Providers that do not meet these minimum criteria are not eligible to participate in the program.	<ul style="list-style-type: none"> <li>About Your Group</li> </ul>	Click the checkbox.
The entire 90 day Representative Period must be in the previous federal fiscal year.	<ul style="list-style-type: none"> <li>Eligibility Information for EH</li> </ul>	Re-enter dates in the previous calendar year.
You have entered the same state twice. Please remove the state or change it to a unique state for indicating patient volumes. Duplicate states are not allowed.	<ul style="list-style-type: none"> <li>Eligibility Information for EH</li> </ul>	Review the states you have entered and remove duplicates or change the entry to a unique state.
Numerical data must be entered in the Total Discharges for Representative Period and Medi-Cal Discharges for Representative Period fields for the calculation to be run.	<ul style="list-style-type: none"> <li>Eligibility Information for EH</li> </ul>	Re-enter the appropriate data in the required fields.
Numerical data must be entered in the Total Inpatient Bed Days and Total Discharges for Representative Period fields for the calculation to be run.	<ul style="list-style-type: none"> <li>Eligibility Information for EH</li> </ul>	Re-enter the appropriate data in the required fields



What is the error message?	On what page(s) could this error appear?	How can you fix it?
You must attach a minimum of one document supporting your choice to complete this step	<ul style="list-style-type: none"> <li>Eligibility Information for EH</li> <li>Certified EHR Technology for EH</li> <li>Attestation for EH</li> </ul>	Attach back up documentation using the <b>Upload File</b> function
There was an error connecting to the ONC CHPL Web Service used for certification validation. Please try again	<ul style="list-style-type: none"> <li>Attestation for EH</li> </ul>	Verify inputs in step
Your Certification Number is not found.	<ul style="list-style-type: none"> <li>Attestation of EHR – Certified EHR Technology for EH</li> </ul>	Re-enter the certification number of your EHR.
A brief description of how you meet the selected Criteria is required to continue	<ul style="list-style-type: none"> <li>. Attestation of EHR – Criteria for EH</li> </ul>	Enter a brief description of how you meet the selected criteria.
Word cannot start the converter mswrd632.wpc.	<ul style="list-style-type: none"> <li>Opening a previously attached .docx file from provider in the Managed Files function</li> </ul>	Contact local tech support to verify mswrd632.wpc file is in place on computer system

### 5.3 Frequently Asked Questions (FAQs)

Clicking on the highlighted section links following the questions below will direct you to that section within the User Manual.

**How do I report a problem with the SLR application?** [Section 1.3 – Problem Reporting](#) or [Section 5.1 –Accessing Help](#)

**Why was the SLR Web application developed?** [Section 2 - Overview](#)

**What can I do with the SLR Web application?** [Section 2.1 – Application Features](#)

**What do I need in order to be able to use the SLR Web application?** [Section 2.3 – Materials and Preparation](#)

**How do I log into the SLR Web application?** [Section 4.2 – Log on to the State Level Registry \(SLR\) system](#)

**How do I create an SLR account for the Group/Clinic?** [Section 4.1 – Creating a New SLR Account for Group Representative](#)

**How do I change my password?** [Section 4.4.2 – Voluntary Challenge Question Change in My Account](#)

**What do I do if I forgot my user Id?** [Section 4.1.2 - Forgot User ID for SLR](#)

**What do I do if I forgot my password?** [Section 4.1.3 - Forgot Password for SLR](#)

How do I get started applying for the incentive payment for a Group/clinic? [4.1 Create a New SLR Account](#)

How do I access messages and reports? [Section 4.10 – Access Reports](#)

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## 6. Definitions

The following glossary terms are found within this document.

Term/Acronym	Explanation/Expansion
American Reinvestment and Recovery Act of 2009 (ARRA)	ARRA 2009- American Recovery and Reinvestment Act of 2009 is an economic stimulus package enacted in a direct response to the economic crisis. The immediate goals were to: <ul style="list-style-type: none"> <li>• create new jobs and save existing ones.</li> <li>• spur economic activity and invest in long-term growth.</li> <li>• foster unprecedented levels of accountability and transparency in government spending.</li> </ul> Included in the Act was funding for health information technology (HIT) investments to computerize health records to reduce medical errors and save on health-care costs. <sup>1</sup>
California Technical Assistance Program (CTAP)	California Technical Assistance Program (CTAP) is designed to continue the work of the Regional Extension Center Program which has provided assistance to over 12,000 professionals in adopting, implementing, upgrading and meaningfully using certified electronic health record technology. The CTAP program is designed to deliver free services to assist an additional 7,500 professionals, with special emphasis on solo practitioners and specialists <sup>2</sup>
CMS Certification Number (CCN)	A number assigned to hospitals by the Centers of Medicare and Medi-Cal Services, the CMS Certification Number (CCN) is the hospital's identification number that is link to its Medicare provider agreement. The CCN is used for CMS certification and also for submitted and reviewing the hospital's cost reports. <sup>3</sup>
Centers for Medicare and Medi-Cal Services (CMS)	The Centers for Medicare and Medi-Cal Services (CMS) is a United States Federal Agency which administers Medicare, Medi-Cal, and the Children's Health Insurance Program (CHIP). <sup>4</sup>
Computerized Physician Order Entry (CPOE)	Computerized Physician Order Entry (CPOE) refers to any system in which clinicians directly enter medication orders and/or tests and procedures into a computer system, which then transmits the order directly to the pharmacy. <sup>5</sup>
Electronic Health Record (EHR)	An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress

<sup>1</sup> "What is the Recovery Act?" *Recovery.gov*. The Recovery Accountability and Transparency Board, March 11, 2011.

<sup>2</sup> "California Technical Assistance Program" *DHCS.CA.gov*. CA Department of Health Care Services, Date accessed December 19, 2017

<sup>3</sup> "Frequently Asked Questions about Accrediting Hospitals in Accordance with their CMS' Certification Number (CCN)." *The Joint Commission*. Article date: July 15, 2010. Date accessed: November 22, 2010.

<sup>4</sup> "Centers for Medicare & Medi-Cal Services." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>5</sup> "Computerized Provider Order Entry." *AHRQ: Agency for Healthcare Research and Quality*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
	notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. <sup>6</sup>
Electronic Medical Record (EMR)	The EMR is the legal medical record of a patient's encounter with hospitals and ambulatory environments. This record is the source of data for the EHR. <sup>7</sup>
Eligible Hospital (EH)	For the purposes of the Medi-Cal EHR Incentive Program and SLR applications documentation, an eligible hospital (EH) is defined as the following: <ul style="list-style-type: none"> <li>• Acute care hospitals (including Critical Access Hospitals and cancer hospitals) with at least 10% Medi-Cal patient volume.</li> <li>• Children's hospitals (no Medi-Cal patient volume requirements).<sup>8</sup></li> </ul>
Eligible Professional (EP)	For the purposes of the Medi-Cal EHR Incentive Program and SLR application documentation, an eligible professional (EP) is defined as the following: <ul style="list-style-type: none"> <li>• Physicians (primarily doctors of medicine and doctors of osteopathy).</li> <li>• Nurse practitioner.</li> <li>• Certified nurse-midwife.</li> <li>• Dentist.</li> <li>• Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.</li> </ul> <p>To qualify for an incentive payment under the Medi-Cal EHR Incentive Program, an EP must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Have a minimum 30% Medi-Cal patient volume*.</li> <li>• Have a minimum 20% Medi-Cal patient volume, and is a pediatrician*.</li> <li>• Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.</li> </ul> <p>*Children's Health Insurance Program (CHIP) patients do not count toward the Medi-Cal patient volume criteria.<sup>9</sup></p>
End User License Agreement (EULA)	The End User License Agreement (EULA) details how the software can and cannot be used. <sup>10</sup>
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	The purpose of the Health Insurance Portability and Accountability Act is "to improve...the Medi-Cal program...and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment

<sup>6</sup> "Electronic Health Records Overview." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>7</sup> Garets, Dave and Mike Davis "Electronic Medical Records vs. Electronic Health Records: Yes, There Is a Difference Updated." *HIMSS Analytics*. Healthcare Information and Management Systems. January 26, 2006. March 11, 2011.

<sup>8</sup> "EHR Incentive Programs: Eligibility – Eligible Hospitals." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>9</sup> "EHR Incentive Programs: Eligibility – Eligible Professionals." *United States Department of Health & Human Services*. Date accessed: November 22, 2010.

<sup>10</sup> "EULA." *Webopedia*. QuinStreet Inc. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
	of standards and requirements for the electronic transmission of certain health information.” <sup>11</sup>
Health Information Technology (HIT)	Health Information Technology (HIT) refers to the use of technology in managing health information. For example, the use of electronic health records instead of paper medical records.
Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)	The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) amends the Public Health Service Act by adding a number of funding opportunities to advance health information technology. <sup>12</sup>
CMS Medicaid EHR Incentive Program Registration Website	CMS Medicaid EHR Incentive Program Registration site is a data repository that supports the administration and incentive payment disbursements of Medicare and Medi-Cal programs to medical professionals, hospitals and other organizations. <sup>13</sup>
Meaningful Use (MU)	Meaningful use of an EHR is demonstrated by providers reporting on a number of required functional and clinical objectives established by CMS.
National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. <sup>14</sup>
Office of the National Coordinator (ONC) for Health Information Technology	The Office of the National Coordinator for Health Information Technology (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. <sup>15</sup>
Provider	For the purposes of the State Level Registry (SLR) application documentation, a provider refers to both EPs and EHs.
Regional Extension Centers (REC)	Regional Extension Centers (REC) will support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs). RECs are designed to make sure that primary care clinicians get the help they need to use EHRs.  RECs will: <ul style="list-style-type: none"> <li>• Provide training and support services to assist doctors and other providers in adopting EHRs</li> </ul>

<sup>11</sup> “Health Insurance Portability and Accountability Act of 1996.” CMS: Centers for Medicare & Medi-Cal services. Public Law 104-191. 104<sup>th</sup> Congress. Date accessed: November 22, 2010.

<sup>12</sup> “HITECH and Funding Opportunities.” The Office of the National Coordinator for Health Information Technology. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>13</sup> “Grumman nets \$34M CMS’ data repository project.” CMIO Contracts and Installations. TriMed Media Group, Inc. Article date: May 17, 2010. Date accessed: November 22, 2010.

<sup>14</sup> “National Provider Identifier Standard (NPI): Overview.” CMS: Centers for Medicare & Medi-Cal services. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>15</sup> “The Office of the National Coordinator for Health Information Technology (ONC).” The Office of the National Coordinator for Health Information Technology. United States Department of Health & Human Services. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
	<ul style="list-style-type: none"><li>• Offer information and guidance to help with EHR implementation</li><li>• Give technical assistance as needed<sup>16</sup></li></ul>
State Level Registry (SLR)	The State Level Registry (SLR) is an application created for the capture and maintenance of state mandated information related to the payment of provider incentive payments provided for under the ARRA.
Taxpayer Identification Number (TIN)	A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. <sup>17</sup>

<sup>16</sup> “Regional Extension Centers.” *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: September 15, 2011

<sup>17</sup> “Taxpayer Identification Numbers (TIN).” IRS.gov. Internal Revenue Service. Last modified: August 20, 2010. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Uniform Resource Locator (URL).	The global address of documents and other resources on the World Wide Web. <sup>18</sup>

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<sup>18</sup> "What is URL?" *Webopedia*. QuinStreet Inc., March 11, 2011.